

*with compliments of*

**LANGPORT  
RURAL DISTRICT COUNCIL.**

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**R E P O R T**

OF THE

**Medical Officer of Health**

**FOR THE YEAR**

**1908.**

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**LANGPORT: G. H. HEMMEL, THE HERALD PRESS.**



# TO THE CHAIRMAN AND MEMBERS

OF THE

## Langport

## Rural District Council.

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GENTLEMEN.—

I have the honour to present to you my first Annual Report, that for the year 1908, during the latter half of which I have held the position of your Medical Officer of Health, and in so doing I should like to pay a tribute to the memory of my predecessor, whose orderly habits and accumulated information have greatly lessened my task, and whose early death we all deplore.

GEOLOGY (from Dr. S. Munckton's Report).—The Midford Sands, the lowest division of the Oolitic series, and made up of fairly compact sand with nodular masses of Calcareous Sandstone, occur over considerable portion of the highest ground. Next beneath is a thin representation of the Upper Lias which is not shown in the Geological Survey Map. This consists of an alternation of layers of Clay and Stone, only a few inches in thickness. The Middle Lias comes next below with a few feet of Marlstone, a hard jointed rock at the top, and a considerable thickness of Clayey and Sandy Beds beneath. On the less elevated grounds, the underlying Lower Lias, chiefly Clay, crops out in places.

The water-bearing beds are the Midford Sands and the permeable beds in the Middle Lias, notably the Marlstone mentioned above, in which the slight fissures, formed by the more or less vertical joint-planes, allow of the under-ground flow of water.

OCCUPATION.—Whilst Agriculture is the staple industry, many women and girls are engaged in shirt and collar factories or

workshops, and many take in home work—shirt and collar, and gloves—in different parts of the district, whilst a few outworking boot-makers carry on their trade in the Somerton district. A few persons are employed in basket and wicker-chair making, and many families add to their income by stripping withies during a part of the year. At Thorney a number of persons are engaged throughout the year preparing the withies for the weavers.

## VITAL STATISTICS.

**THE POPULATION.**—I estimated the population on the 30th of last June as 13,085, a decrease of 84 since last year and of 328 since 1901. I think this will be found fairly accurate and the various rates have been worked out on this basis.

**THE NUMBER OF BIRTHS REGISTERED IN 1908.**—There were 290 Births registered, 12 of the children being illegitimate. There was little difference in the sexes, 146 boys and 144 girls. This shows a decrease of 42 since last year and is the lowest number yet recorded.

			Boys.	Girls.	Total.
Langport Sub-district	...	...	71	64	135
Somerton „ „	...	...	75	80	155
			<hr/>	<hr/>	<hr/>
Whole District			146	144	290

**THE BIRTH RATE** per 1,000 of the population was 22·16, being 2·39 below the decennial mean and also the lowest during the ten years, though in 1902 the rate was only 22·5.

The Rate of the whole of England and Wales was 26·5. The Rate for England and Wales, 218 towns being excluded, was 26·2 per 1,000 of population.

**THE NUMBER OF DEATHS REGISTERED IN THE DISTRICT** at all ages and from all causes was :—

Langport Sub-district	...	...	...	...	73
Somerton „ „	...	...	...	...	84
					<hr/>
Whole District	...	...	...	...	157

Only one person belonging to the District died in a Public Institution beyond the District, in Bristol General Hospital, as shown in Table I. and accounted for in Table IV.

# THE NUMBER OF DEATHS BELONGING TO THE DISTRICT was :—

Langport Sub-district ...	...	...	...	73
Somerton „ „ ...	...	...	...	85
Whole District				158

This shows a decrease of 28 since last year and of 54 as compared with the decennial mean.

**THE GENERAL DEATH RATE.**—This rate, based on the total number of Deaths belonging to the District was 12·07 per 1,000 population; the decennial mean was 15·75, and the lowest rate recorded in the previous ten years was 14·12 in 1907.

The Death Rate calculated on the number of Deaths registered in District was 11·99.

The Rate of the whole of England and Wales was 14·7 and 13·8 when the Deaths occurring in 218 towns were excluded.

This is the lowest Death Rate recorded, being 2·13 less than last year, which held the lowest Death Rate of the decennium, and 3·76 less than the average for the past 10 years. Nine persons died in the Workhouse, 6 from Langport Sub-district and 3 from Somerton Sub-district. The number of Births exceeded the Deaths (total) by 132; in 1907 there were 152 more Births than Deaths, whilst the average excess for the ten years 1898-1907 was 119·6.

**THE NUMBER OF DEATHS OF INFANTS** under one year of age was 22, which is 8·9 under the average for the last ten years, and 6 less than in 1907. The number of Deaths under one month was 8, as compared with 16 in 1907. Nine deaths were caused by Pneumonia and 4 by Convulsions.

**THE INFANTILE DEATH RATE** (per 1,000 Births) was 75·86. The decennial mean was 93·06. The highest mortality was in 1899, viz., 159·87, and the lowest in 1906, viz., 63·49.

The Infantile Death Rate for England and Wales was 121, and after excluding 218 towns, 110.

## THE ZYMOTIC DEATH RATE.

One Death from Diphtheria, two from Puerperal Fever, and two from Diarrhoea give a Zymotic Death Rate of ·38 per 1,000 population, the average rate for the past seven years being ·66. For England and Wales the Rate was 1·29, and excluding 218 towns, ·99.

# CASES OF INFECTIOUS DISEASE NOTIFIED.

	1908.	1907.	1906.	1905.	1904-1901.
SMALL-POX...	0	0	0	62	0

## DIPHTHERIA.

	1908.	1907.	1906.	1905.	1904.	1903.	1902.	1901.
Langport Sub-district	7	4	0	7	1	6	9	3
Somerton „ „	31	5	19	74	27	1	0	0
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Whole District	38	9	19	81	28	7	9	3

## ERYSIPELAS.

Langport Sub-district	0	4	6	2	7	1	3	1
Somerton „ „	0	0	2	4	2	2	1	1
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Whole District	0	4	8	6	9	3	4	2

## SCARLET FEVER.

Langport Sub-district	11	10	12	34	10	5	10	11
Somerton „ „	5	13	11	5	5	8	18	34
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Whole District	16	23	23	39	15	13	28	45

## ENTERIC FEVER.

Langport Sub-district	0	0	0	1	0	0	5	3
Somerton „ „	0	0	2	0	3	0	0	3
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Whole District	0	0	2	1	3	0	5	6

## PEURPERAL FEVER.

Langport Sub-district	1	0	0	0	0	1	0	1
Somerton „ „	1	0	0	1	0	1	0	0
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Whole District	2	0	0	1	0	2	0	1

## ALL NOTIFIABLE DISEASES.

Langport Sub-district	19	18	18	46	18	13	27	19
Somerton „ „	37	18	34	144	37	12	19	38
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Whole District	56	36	52	190	55	25	46	57



## REMARKS ON THE INCIDENCE OF DISEASE AND CAUSES OF DEATH.

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**SCARLET FEVER.**—Sixteen cases of Scarlet Fever occurred in the district, 11 in the Langport Sub-district and five in the Somerton division. All the cases were of a mild type and there was no death. These mild cases, however, have a danger all their own. In the first place the infection from a slight case may produce an attack of a virulent type in another sufferer, and secondly, unless great care is taken of the patient for at least five or six weeks, complications may ensue in after life, for the “peeling” is not confined to the external surface, where it is readily observed, but some of the internal organs (especially the kidneys) join in the process, and become liable to inflammatory changes, leading, if unchecked, to serious disease. Again, spreading of the throat condition to the ear often causes deafness and possible brain trouble. Scarlet Fever, like Diphtheria, may be a milk-borne disease, and I hope that more regular inspections of cows may tend to prevent some of the smaller outbreaks.

**DIPHTHERIA.**—During the year 38 cases have been notified (1 fatal case in Somerton on January 24th, 1908) 29 of which have occurred since my appointment as Medical Officer of Health, nearly all of the latter being reported from Long Sutton. All doubtful cases from this part have been examined bacteriologically by the Clinical Research Association, and I am in a position to state definitely that all have been true cases of Diphtheria; all but the very mild carrier cases have been treated early and thoroughly with antitoxin, otherwise no doubt, I should have to report some fatal issues, as at least eight cases showed a very large amount of membrane and severe constitutional symptoms. It was unfortunate that the first case occurred in a house that was virtually, if not legally, overcrowded, with an insufficient water supply, and the Council are to be congratulated on their prompt and efficient measures in dealing with the matter. Early in the epidemic the tent from the small-pox camp was found to be insufficient protection against the inclemency of the weather, and a building of wood and corrugated iron, match-boarded inside, with galvanized iron and felt roof was purchased which is now improved by the addition of two annexes, and we are therefore in possession of an Isolation Hospital capable of treating 10 to 12 patients, with day and night rooms for two nurses, at a very small expense. If a central position can be found for this Hospital, which is built in sections, we shall be in a position to treat efficiently any case of infectious disease, which, from its surroundings, is a source of danger to others.

I append table of cases.

B.E.—Means Bacteriological Examination.

Negative—Means free from Infection.

No.	Name.	Date. 1908.	Source of Infection.	Action taken.
1	H. H.	20th Sept.	...	Isolated at home.
2	A. P.	11th Oct.	...	Ditto, B.E.—19/10/08.
3	A. E. S.	"	2	Home. B.E.—18/11/08.
4	L. S.	"		
5	D. S.	"		
6	A. S.	"		
7	P. S.	"		
8	R. R., ser- vant	"	School	Home. B.E.—26/11/08.
9	S. R.	18th Oct.		
10	M. P.	21st Oct.		Home, Camp, 1/12/08. B.E.—19/12/08.
11	M. R.	22nd Oct.	"	Home. B.E.—1/12/08.
12	W. C.	23rd Oct.	"	Home. B.E.—1/12/08.
13	A. T.	"	"	Home, Camp, 1/12/08. B.E.—19/12/08.
14	E. P.	24th Oct.	"	Home. B.E.—1/12/08.
School closed.				
15	J. H.	28th Oct.	14	Camp, 28/10/08. B.E.—28/11/08.
16	S. R.	30th Oct.	School	Camp. B.E.—23/11/08.
17	E. H.	1st Nov.	15	Camp. B.E.—8/12/08.
18	H. S.	2nd Nov.	School	Home. B.E.—1/1/09.
19	E. W.	21st Nov.	"	Camp. B.E.—19/12/08.
20	L. R.	24th Nov.	"	Camp. B.E.—11/12/08.
21	E. S.	"	"	Camp. B.E.—19/12/08.
22	L. H.	"	"	Camp. B.E.—1/1/09.
23	H. S.	27th Nov.	18	Home. B.E.—24/12/08.
24	E. J. V.	17th Dec.	?	Home.
25	H. C.	19th Dec.	?	Camp.
26	H. S.	22nd Dec.	...	Home.
27	D. S.	30th Dec.	26	Home.

PUERPERAL FEVER.—Two cases of septic trouble after parturition have been notified during the year, both in the Somerton Sub-district. Both cases were reported to the Lady Inspector of Midwives, who deals with the nurse, and investigated—one by my predecessor and one by myself. These are the first cases since 1901.

MEASLES.—There has been no death from Measles during the year; indeed, no cases have been brought to my knowledge.



**WHOOPIING COUGH.**—This have been very prevalent in the Somerton Sub-district, and has caused the closure of schools at Somerton, Babcarry, and Charlton Adam. There has, however, been no death.

**ENTERIC FEVER.**—No case has been reported for the last two years.

**ERYSIPELAS.**—No case has been notified in 1908.

**PHTHISIS.**—Nine deaths were reported as occurring from this Disease as against seven last year; 3 from the Somerton district and 6 from Langport, at ages varying from 17 to 54. One death from Phthisis occurred in the Workhouse

The number of deaths in each of the past eight years was :—

	1908.	1907.	1906.	1905.	1904.	1903.	1902.	1901.
Langport Sub-district	6	5	2	7	7	2	12	8
Somerton „ „	3	2	7	3	6	7	5	5
Non-Residents „ „	0	0	0	0	1	0	1	0
Total...	9	7	9	10	14	9	18	13

**THE AVERAGE NUMBER OF DEATHS PER ANNUM FROM PHTHISIS :—**

	1908.	For two years 1906-1907.	For five years 1901-1905.	For ten years 1891-1900.
Langport Sub-district	4·3	3·5	7·2	10·6
Somerton „ „	4·0	4·5	5·2	6 0
Non-Residents „ „	0	0	·4	?
	8·3	8	12·8	16·6

This is an increased mortality as compared with last year, and gives a Death Rate of ·68 per 1,000 population and of 5·69 per 100 deaths. Although this is not high I should like to see it very considerably lowered and much may be done in that direction. All over the civilised world strenuous endeavours are being made to combat this disease, attacking as it does those in the prime of life and therefore at the wage earning period. Efforts should be made to spread the knowledge of elementary hygiene, to help sufferers to carry out as far as possible sanatorium regime at home, and to recognise Phthisis as above all things an infectious and preventible disease. In order that this may be carried out the Sanitary Authority should have cognisance of every case of Phthisis, especially in the later stages and more especially early notification of all deaths with a view to disinfection of the premises as early as possible. At the present time if a Phthisic dies early in the month, the matter is not reported to me till the death returns come in, one month later, and by that time a considerable spread of infection may have taken place. Tuberculosis (by which is meant all diseases of a tuberculosis origin, and not only Phthisis or tubercle of the lung) is caused by the entry of bacilli into the human body, where, if they find suitable soil, they multiply,

and form tubercles or little masses of unhealthy structure, that may become broken down into "matter." These can exist in any part of the body, lung, abdominal gland, or even bone. Our duty then is twofold, to protect the health of our people by good sanitation, cleanliness, pure food, and abundance of fresh air, especially at night, that they may not produce the soil on which alone the bacilli can live, and secondly, to destroy, wherever possible, the bacilli themselves, and the vehicles by which they gain access to the previously healthy subject, viz., the milk and flesh of tuberculous animals and the discharges natural, or otherwise, of tuberculous persons, especially the expectoration. Teach the consumptive that he must not spit except into specially prepared utensils, and, if necessary, supply him with those utensils, and a very important part of the battle is won. Guard the milk supply and see that the population is not fed on what the Medical Officer of Health of Chester aptly describes as "Milk improved by the addition of discharge from an ulcer," and another big step is taken toward victory. In other words look upon every case of Phthisis as of equal importance from a Public Health point of view as a case of Small-pox, and I venture to predict that the death rate from the worst scourge of the white man will progress towards vanishing point.

OTHER TUBERCULAR DISEASES caused five deaths, three from Meningitis, two in the Somerton district and one in the Langport division; one from tubercular ear disease in Somerton and one from disease of the kidney in Langport Sub-district, both of tubercular origin.

CANCER.—16 deaths were notified from Cancer, being 2 less than 1907; 7 in the Langport and 9 in the Somerton division. In the former two died from Cancer of the Breast, aged 45 and 54; in two the disease attacked the Liver, aged 58 and 76; two the face, aged 75 and 76; and one the shoulder, aged 65. In the Somerton district Cancer of the Breast gave three deaths at 46, 76 and 80; Stomach three at ages 43, 67 and 74; whilst one case each occurred of Disease of Liver at 41; Tongue at 62 and Abdominal Walls at 41.

CANCER.—I subjoin the usual tables.

TABLE A.—THE CANCER MORTALITY IN THIRTY YEARS.

Number of Deaths in each Period of Five Years.					Average Number of Deaths Annually in each Period.				
Langport Sub- district	Somerton Sub- district	Curry Sub- district	Rivel Sub- district	Whole Dis- trict	Langport Sub- district	Somerton Sub- district	Curry Sub- district	Rivel Sub- district	Whole Dis- trict
1870-1874	5 ...	18 ...	9 ...	32	1.0 ...	3.6 ...	1.8 ...	6.4	
1875-1879	4 ...	18 ...	10 ...	32	.8 ...	3.6 ...	2.0 ...	6.4	
1880-1884	8 ...	18 ...	13 ...	39	1.6 ...	3.6 ...	2.6 ...	7.8	
1885-1889	12 ...	19 ...	11 ...	42	2.4 ...	3.8 ...	2.2 ...	8.4	
1890-1894	11 ...	31 ...	9 ...	51	2.2 ...	6.2 ...	1.8 ...	10.2	
1895-1899	8 ...	32 ...	14 ...	54	1.6 ...	6.4 ...	2.8 ...	10.8	
48	136	66	250						

TABLE B.

THE NUMBER OF DEATHS CAUSED BY CANCER  
SINCE 1900.

LANGPORT RURAL DISTRICT.								COUNTY OF SOMERSET.		
	Langport Sub-dis't	Somerton Sub-dis't	Curry Rivel Sub-dis't	Whole District				Rural District	Urban District	Whole County
1900	...	3	...	12	...	3	...	143*	93	236*
1901	...	2	...	13	...	3	...	191	112	303
1902	...	3	...	7	...	4	...	202	107	309
1903	...	4	...	15	...	1	...	216	115	331
1904	...	3	...	11	...	3	...	224	141	365
1905	...	3	...	6	...	3	...	190	131	321
1906	...	4	...	6	...	0	...	168	131	299
1907	...	5	...	10	...	3	...			
Av'r'ge for } eight y'rs }										
1908	...	3	...	9	...	4	...			

TABLE C.

THE DEATHS FROM CANCER PER 100 TOTAL DEATHS.

LANGPORT RURAL DISTRICT.								COUNTY OF SOMERSET.		
	Langport Sub-dis't	Somerton Sub-dis't	Curry Rivel Sub-dis't	Whole District				Rural District	Urban District	Whole County
1900	...	6.8	...	10.62	...	5.17	...	3.92*	4.12	4.0*
1901	...	5.65	...	13.13	...	5.17	...	5.78	5.62	5.71
1902	...	3.77	...	7.36	...	7.54	...	6.28	4.95	5.78
1903	...	8.69	...	15.62	...	1.88	...	6.67	5.8	6.35
1904	...	6.0	...	8.59	...	5.55	...	6.54	6.81	6.66
Av'r'ge for } five years }								5.838	5.64	5.7
1905	...	5.832	...	5.128	...		...	5.77	6.32	5.98
1906	...	4.395	...	5.217	...		...			
1907	...	7.547	...	11.236	...		...			
1908	...	10.71	...	10.58	...	8.88	...			

DEATHS FROM WHICH TABLE C IS TAKEN.

Langport Sub-district	...	...	28
Curry Rivel Sub-district	...	...	45
Somerton Sub-district	...	...	85

BRONCHITIS caused 5 deaths in the Langport Sub-district and seven in Somerton Sub-district. I subjoin table of ages of the deaths over 65, four had passed their seventieth birthday and five were over eighty.

	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
1901	14	3	1	1	—	2	7
1902	24	10	4	—	—	1	9
1903	18	6	—	—	—	—	12
1904	20	12	—	—	—	2	6
1905	19	4	4	—	—	1	10
1906	18	6	—	—	1	2	9
1907	19	5	—	—	—	4	10
1908	12	1	—	—	—	—	11
Total	144	47	9	1	1	12	74

for 8 yrs.

PNEUMONIA.—Fourteen deaths were caused by Pneumonia, 8 being under one year of age and one at 79.

OTHER DISEASES OF THE RESPIRATORY SYSTEM.—One case of Congestion of the Lungs was reported from the Langport Sub-district, aged 81.

No death was reported from either Alcohism or Venereal Disease, though possibly the two cases of Cirrhotic Liver may have been caused by excessive use of Alcohol.

PREMATURE BIRTH.—One death was reported from this cause in the Langport Sub-division.

DISEASES AND ACCIDENTS OF PARTURITION.—One death was reported from the Somerton Sub-district due to obstructive delivery.

HEART DISEASES.—Thirty-eight deaths occurred from Heart Disease, 12 in the Langport and 26 in the Somerton Sub-district.

The following table shows the number of deaths that have occurred since the beginning of 1901 and the mortality in each age period.

	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
1901	37	—	—	2	1	15	19
1902	34	1	—	—	—	12	21
1903	31	—	—	—	1	9	21
1904	37	—	—	—	1	6	30
1905	39	1	—	—	1	20	17
1906	42	—	—	1	—	15	26
1907	28	2	—	1	—	12	13
Mean for 7 years	35·4	·57	—	·57	·57	12·7	21·0
1908	38	—	—	2	1	13	22

**ACCIDENTS.**—Three accidents in the District had a fatal issue. A man of 61 at Somerton fractured his spine; a girl of 21 was found in the River Yeo at Langport; and a child of 3 was drowned at Barton St. David.

**SUICIDES** were two in number and both of the female sex.

**OLD AGE.**—Nineteen deaths were certified as due to the natural decay of Old Age; 12 from the Langport Sub-district and 7 from Somerton Sub-district. The average age was 79, and ranged from 66 to 90; only one attained that age, but eleven were between 80 and 90. Cerebral Hæmorrhage accounted for one death at 90, therefore we have only lost two nonagenarians this year.

**ALL OTHER CAUSES.**—This section is now made to include deaths from Old Age and some Infantile deaths, and so seems more numerous than in former years. I have placed 43 under this heading, but only 13 of these are not mentioned elsewhere. These include deaths from Lockjaw, Gall Stones, Epilepsy, Appendicitis, Cerebral Troubles other than Hæmorrhage and Brights Disease.

**CAUSES OF INFANTILE MORTALITY.**—Twenty-two deaths were reported under one year of age, on the whole a satisfactory number when we analyse the causes, only one being from diarrhoeal disease and five from congenital defects, including one premature birth. Two were caused by marasmus, and one by want of breast milk, four from Convulsions, and nine from Pneumonia. I am endeavouring in 1909 to obtain fuller particulars of all infantile deaths as some at least are due to that most fatal of infantile diets “the same as we have.” Our District Nursing Association is doing its best to instruct mothers in the best way of feeding infants, and I trust its efforts may be conducive to a still further reduction of this important rate of mortality.

## HOUSE ACCOMMODATION.

In the limited time at my disposal I have endeavoured to make myself cognisant of all the villages in your district and have visited all places at least once, with the exception of a few outlying hamlets. The cottage accommodation is what one would expect to find in a scattered rural district, and on the whole, insanitary conditions are often due more to the carelessness of the occupiers than to structural defects. Many cottages have been improved or are in course of improvement, but the cult of the open window is more honoured in the breach than in the observance.

## THE DISPOSAL OF SEWAGE.

I can gladly report a considerable improvement in the disposal of the Langport Sewage. I have made a series of inspections of a large number of privies in Bow Street and North Street, with the result that some thirty privies



discharging direct into the cross-ditches are now in the process of conversion into earth closets, and I hope that during the early part of next year I shall see the last of these offensive structures disposed of. The flushing of the cross-ditches is regularly and efficiently carried out, and I have received no complaint of any nuisance ; indeed, only at the spots referred to above has there been any visible deposit. I have also welcomed a suggestion from the Parochial Sanitary Committee, that a pipe sewer should be laid across the croft, thus doing away with a corner that was difficult to flush, and where stagnation was most likely to exist. Arrangements are being made under the new Bye-laws for the regular scavenging both of Langport and Somerton, which I believe will prove satisfactory

- Aller.** At Aller the sewer has been repaired and the ditch twice cleansed.
- Babcary.** At Babcary the sewage ditch has been twice cleansed.
- Compton Dundon.** At Compton Dundon a new sewer and small weir have been constructed, thus doing away with the flooding of the road with storm water which previously existed after rains.
- Charlton Mackrell.** At Charlton Mackrell twenty-nine privies have been converted into earth closets.
- Drayton.** At Drayton a long existing nuisance at Smocklands has been disposed of, and the sewer cleansed, trapped, and ventilated.
- High Ham.** At High Ham a new sewer has been laid through the main street and is continually flushed by the diversion of a small water course. The sewer is trapped, ventilated, has an open end, and is working well.
- Kingsbury.** At Kingsbury a new sewer has been laid and the existing sewers well cleansed. Eleven houses have been redrained and fifteen privies converted into earth closets.

At East Lambrook a filthy ditch has been filled up and three pipe sewers laid with inspection chambers, thus obviating what has been for some time a very serious nuisance.

At Lower Burrow, Kingsbury, a new sewer has been laid, with suitable manholes, again obviating a very serious nuisance.

**Kingsdon.** The conditions of sewage disposal at Kingsdon are not satisfactory. I have made a house to house inspection of the village and hope soon to be in a position to lay before you a statement with remedial suggestions.

**Somerton.** The sewers at Somerton are in good working order and regularly and efficiently flushed, but would certainly be improved by a little system of ventilation.



## WATER SUPPLY.

This is the most important consideration in a district such as yours. Given a sufficient and pure supply of water free from possible contamination the question of sewage disposal becomes of secondary importance. Unfortunately, although you have over thirty miles of water mains, a greater length, I believe, than any neighbouring rural district possesses, there are still a few villages that depend entirely for their supply on shallow wells, whose uncemented sides are rendered beautiful by a luxurious growth of ferns, but whose contained water, when any exists, hardly requires the assistance of the analyst to pronounce it unfit for dietetic purposes. This is notably the case in Long Sutton, and I have no doubt that the present outbreak of Diphtheria has been kept up or, at least, not lessened, by an impure water supply. Nine wells, supplying twenty houses, have been analysed, and pronounced unfit for drinking purposes, and your officials have had several interviews and considerable correspondence with the owners of property in the village with the result that efforts have been made to obviate this difficulty, though without any present success. I am making a house to house inspection of the village, which, when complete, will enable me to present for your consideration a detailed report.

**THE WATER SUPPLY AT MUCHELNEY.**—In this village a notice has been served on the property owners to provide an adequate supply in a definite period, and I hope soon to report a completion of the work.

The supply from Lytes Cary to Somerton and Kingsdon still continues adequate and good.

The Barrington supply is also of good quality and efficient in amount, the previous shortage having been remedied by the provision of a syphon.

The water supply to Wagg Drove is now greatly improved, and I have had no complaint from its consumers.

**KINGSBURY AND LANGPORT WATER SUPPLY.**—This is an ample supply and there is no doubt of its suitability for dietetic purposes, but there is some complaint of occasional turbidity after the periodic flushing of the mains, but under the expert advice of Mr. Wallis Stoddart it is hoped that all grounds of objection will be satisfactorily disposed of.

## THE DAIRIES.

Thirty-nine dairymen were registered in 1908 and all have been inspected on the whole with satisfactory results. After April 1st the new Bye-Laws will be in force and your officials will have more power to enforce the necessary regulations.

## THE SLAUGHTER HOUSES.

These have been inspected and will all come up for registration on April 1st, 1909, when I fear that some will have a difficulty in passing the standard laid down.

One purveyor of meat was summoned for having on his premises meat unfit for human consumption, but no conviction was obtained, although the Bench stated that it was a fit case to be brought before them.

## ISOLATION AND DISINFECTION.

We are told that the darkest cloud has its silver lining, and the present outbreak of Diphtheria in Long Sutton may have served its purpose, as it has provided us with an Isolation Hospital.

In a scattered district such as yours, it may not be advisable or convenient to keep up an expensive structure with full staff of nurses, to remain empty during a great part of the year, but when we want isolation we want it badly, and it is just that part that I trust your latest possession may play in the prevention of spread of infection in your district. Many cases of infectious disease may be, and perhaps are better, isolated at home, but to every Medical Officer of Health there comes a time when he is confronted by a serious case of infectious disease in a four-roomed cottage with ten inhabitants. These are the cases that demand isolation if a serious epidemic is to be prevented, and we have now a building that can be practically locked up or left in charge of a caretaker and utilised at any moment if required, and all that now remains is (as soon as its present usefulness is over) to provide a central site and I must add that it is only due to the fact of its existence and its use that we are able to chronicle so comparatively few cases of Diphtheria and an absence of fatality.

With regard to disinfection I would like to issue a warning. We, as your officers, do our best to disinfect all premises wherein an infectious disease has occurred, but we cannot touch the important disinfection of persons, and all our efforts must (to be effective) be seconded by the inmates of houses themselves. After our sulphur or formaldehyde the house should be thoroughly scrubbed down where possible with hot water, soap, and elbow grease, and plenty of all three, and the paper, if it cannot be removed, rubbed down well with soft dough which must be afterwards burnt, and the inmates should thoroughly disinfect their bodies, and especially their hair, with a bath of some powerful disinfectant which might well be supplied by the Council in all cases. Then, if possible, let there be a good fire in the room all day and do not forget the two natural disinfectants, fresh air and sunlight. Epidemics of infectious disease are kept up by neglect of these precautions and by omitting to burn all articles of little value that have been exposed to infection.

## BYE-LAWS.

These will come into effect on April 1st, 1909, and I hope will be of great service to your officials. I should like to call attention to your Building Bye-laws. I believe you are the first Council in England to allow, what has been asked for in the Press for some time, namely, that any class of building, stone, brick, or wood, may be used in your district as a dwelling-house, if you are satisfied as to the water supply and disposal of sewage.

## FACTORIES AND WORKSHOPS.

I regret that I have had little time to devote to this important matter and can add little to my predecessors report. The Bakehouses in the district are in good order and regularly cleaned. The five Factories have been inspected and no breach of regulations has occurred. They also have adequate means of escape in case of fire. The other Workshops have mostly been inspected, with no complaints. There are 180 outworkers registered in 1908.

I am, Gentlemen,

Your obedient Servant,

W. CHARROTT LODWIDGE.

## INSPECTOR OF NUISANCES REPORT.

WEARNE, LANGPORT, FEBRUARY 27TH, 1909.

Dr. W. Charrott Lodwidge, M.O.H.

DEAR SIR,—Appended is a summary of the work done by me for the year ending 31st December, 1908, as Inspector of Nuisances in the Rural District of Langport :—

Number of Premises inspected	...	...	...	...	592
„ re-inspections	...	...	...	...	286
„ nuisances abated	...	...	...	...	241
„ cess-pits cleansed or repaired	...	...	...	...	61
„ privies converted into earth closets	...	...	...	...	59
„ ditches or water-courses cleansed	...	...	...	...	40
„ drains cleansed or repaired	...	...	...	...	74
„ houses disinfected	...	...	...	...	43
„ slaughter-houses inspected	...	...	...	...	19
„ bakehouses inspected	...	...	...	...	18
„ cowsheds inspected	...	...	...	...	32

I am, dear sir,

Your obedient servant,

JOS. MATHISON.

## LANGPORT RURAL DISTRICT COUNCIL.

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### RE LANGPORT DRAINAGE.

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Extract from the Report of the Surveyor prepared for presentation to the Local Government Board, on the occasion of the attendance of the deputation re Langport Sewage, at the Board's Offices on July 14th, 1908 :—

The total area of Langport is 155 acres.

The area of the low lying portion of the town is about 16 acres.

The level of the low lying portion of the town varies from 24·00 to 27·00 above Ordnance Datum.

The lowest summer level of the water in the river at the outlet of the Town Ditch near the Common Moor Clyde is about 19·00 to 20·00 above Ordnance Datum.

In times of flood the water in the river frequently rises to 28·00 above Ordnance Datum, and occasionally remains at that height for some days together ; the town at such times being protected by earth banks, and masonry walls about 800 yards in length on the W., S. and E. sides, and by a bank 300 yards long on the N. side.

These banks and the town stand on a porous subsoil, namely, made ground and peat.

When the river is in flood, not only is there no outlet for any water in this low lying area, but there is, in addition to the accumulated rainfall and sewage (much diluted !) for the time being, a considerable soakage of water into it from the river under the banks and walls ; so much so, that at times it becomes necessary to pump the water out to prevent the houses, street and courts being flooded.

A pump has been provided and fixed for this purpose, a 9in. centrifugal pump having a capacity of about 15,000 gallons per minute.

There is, however, no fixed engine, a portable engine being called into use when the occasion arises.

In the event of any hitch occurring as to the closing of the lock gates in the Summer (hereinafter mentioned) the pump can in addition be requisitioned for flushing purposes, so far as the ditches are concerned.

The bottoms of the ditches average about 20·00 to 21·00 above Ordnance Datum.

The total capacity of the Cross Ditches with the water at normal level is					533,750 Gallons.
	...	...	...	...	
	And of the North ditch		...		131,250 „
					<hr/>
	A total capacity of	...	...		665,000 „

The number of inhabitants whose natural outfall for Sewage is these Ditches is 400 and assuming that the whole of the sewage created by these people discharged into the ditches (which, however, is not the case) the amount of dilution when there is no flow of water at all would be :

400 persons at 15 galls. per head per day.

6,000 galls. of Sewage in 665,000 galls. of water, or

1 gall. of Sewage in 111 galls. of water.

It has been stated in evidence before the Royal Commission on Sewage Disposal that, so long as water is not contaminated with more than 1 per cent. of sewage, there is ample oxygen available in the water to oxidise the whole of the organic matter in the sewage and thus prevent the possibility of any nuisance arising from it.

But at normal periods there is a constant flow of water through the ditches, the mean velocity of which is 10 feet per minute or a daily discharge of over 15,000,000 gallons, equal to a dilution of 1 gallon of sewage to 2,500 gallons of water.

The lowest discharge from the ditches which was noted during the recent Summer months was about 6,000,000 galls. per day.

At ordinary times when the water in the river is at normal level, namely about 23·00 above Ordnance Datum, the flushing of the



ditches is done by opening the controlling penstocks at the head of the Cross Ditches in the Back River adjoining Cockle Moor on the South side of the town and allowing them to flow at their full capacity.

At lowest summer level, when the water is, as already stated, at a level of 19·00 to 20·00 above Ordnance Datum, and at or below the level of the bottom of the Cross Ditches, the lock gates, which lie below the outlet of the Ditches and the Back River, are kept closed, and the water is raised and maintained above them at a level of 23·50 above Ordnance Datum, thus enabling flushing to be continued as when the water is at normal level.

During the whole of the past summer there was a continuous flow of water through these ditches.

The procedure at flood time is already explained in the foregoing portion of this report.

(Signed), JOS. MATHISON,

Surveyor,

Langport Rural District Council.

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TABLE I.

# VITAL STATISTICS OF WHOLE DISTRICT DURING 1908 AND PREVIOUS YEARS.

## Name of District—LANGPORT RURAL.

YEAR.	Population estimated to Middle of each Year.	Births.		Total Deaths Registered in the District.					Total Deaths in Public Institu- tions in the District.	Deaths of Non- residents registered in Public Institu- tions in the District.	Deaths of Residents registered in Public Institu- tions be- yond the District.	Net Deaths of all Ages belonging to the District.	
		Number.	Rate.*	Under 1 Year of Age.		At all Ages.							
				Number.	Rate per 1,000 Births registered.	Number.	Rate.*						
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	Number.	Rate.*	
1898	13,809	338	24.54	29	85.8	208	15.61	12	...	...	...	...	
1899	13,709	319	23.27	51	159.87	250	18.23	6	...	...	...	...	
1900	13,548	343	25.31	31	90.36	215	15.89	12	...	...	...	...	
1901	13,413	336	25.5	24	71.42	207	15.43	10	...	...	...	...	
1902	13,324	305	22.5	29	95.08	202	15.16	9	1	...	201	15.08	
1903	13,536	349	25.78	38	108.38	201	14.84	5	0	...	201	14.84	
1904	13,774	332	24.13	30	90.36	233	16.89	12	1	...	232	16.84	
1905	13,925	349	25.06	29	83.09	220	15.76	20	1	...	219	15.72	

1906	13,220	315	23-82	20	63-49	206	15-58	13	...	...	206	15-58
1907	13,168	338	25-66	28	82-84	186	14-12	9	...	9	195	14-80
Averages for years 1898-1907	13,542	332	24-55	30-9	93-06	212-8	15-75	9-8	...	...	...	...
1908	13,085	290	22-16	22	75-86	157	11-99	9	0	1	158	12-07

\* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district out on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public institutions" to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in Acres  
(exclusive of area  
covered by water). } 59-410

Total population at all ages, 13,446.

Number of inhabited houses, 3,224.

Average number of persons per house, 4-16.

At  
Census of  
1901.

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institutions, the Deaths in which have been distributed among the several localities in the District.
The Union Workhouse.	The Taunton and Somerset Hospital. The Bristol General Hospital. The Cotford Lunatic Asylum.	

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Is the Union Workhouse within the District?—Yes.

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TABLE II.  
**VITAL STATISTICS OF SEPARATE LOCALITIES IN 1908 AND PREVIOUS YEARS.**  
 Name of District—LANGPORT RURAL DISTRICT.

NAMES OF LOCALITIES.		1. Langport Registration Sub-district.				2. Somerton Registration Sub-district.			
Year.		Population esti- mated to middle of each year.	Births Regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all ages.	Deaths under 1 year.
		<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>
1898	...	7142	158	85	11	6667	180	123	18
1899	...	7071	163	138	21	6638	156	112	20
1900	...	6952	171	102	20	6596	172	113	11
1901	...	6850	167	108	14	6563	169	99	9
1902	...	6781	161	106	10	6543	144	95	19
1903	...	?	153	105	28	?	196	96	15

1904	...	?	163	103	11	?	164	129	19
1905	...	?	150	102	17	?	199	117	12
1906	...	?	158	91	10	?	157	115	10
1907	...	?	175	106	16	?	163	89	12
Averages of Years 1898 to 1907. }		?	161.9	94.6	15.3	?	170.0	108.8	15.5
1908	...	6662	135	73	11	6423	155	85	11

- NOTES.—(a) The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district; and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.
- (b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns *e* of this Table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I as to meaning of terms "resident" and "non-residents.")
- (c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.
- (d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I and IV; thus, the totals of sub-columns *a*, *b*, and *c* should agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table I; the gross total of the sub-columns *c* should agree with the total of column 2 in Table IV, and the gross total of sub-columns *d* with the total of column 3 in Table IV.

TABLE III.

# CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1908.

Name of District—LANGPORT RURAL.

Notifiable Disease.	Cases Notified in whole District.							Langport Registration Sub-district.	Somerton Registration Sub-district.	*No. of Cases removed to hospital from each locality.	
	At all Ages.	At Ages†—Years.									
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and up- wards			Lang- port.	Somer- ton.
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous croup)	...	...	2	32	3	1	...	7	31	...	10
Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ... ..	...	1	2	13	...	...	...	11	5	...	...
Typhus Fever...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever	...	...	...	...	...	...	...	...	...	...	...
Continued Fever	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	2	...	1	1	...	...
Plague... ..	...	...	...	...	...	...	...	...	...	...	...
*											
Totals ... ..	...	1	4	45	3	3	...	19	37	...	10

NOTES.—The localities adopted for this table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. The name of the authority by whom the hospital is provided should also be given. Mark (W) the locality in which a workhouse is situated.

\*This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

†These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

\*\*Column 8 should be filled up with the Totals of cases removed to Hospital, whether the district is divided into separate localities or consists of only one undivided area.

Isolation Hospital—*Name and Situation* } Camp at  
Long Sutton.

Total available beds—11. *Number of Diseases that can be concurrently treated* } 2.



TABLE IV.  
CAUSES OF, AND AGES AT, DEATH DURING YEAR 1908.

Name of District—LANGPORT RURAL.

CAUSES OF DEATH.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.						Deaths at all ages of "Residents" belonging to Localities whether occurring in or beyond the District.		Total deaths whether of Residents or Non-Residents in Public Institutions in the District.
	All Ages, 2.	Under 1 year, 3.	1 and under 5, 4.	5 and under 15, 5.	15 and under 25, 6.	25 and under 5, 7.	65 and upwards, 8.	Langport Somerton Registrars Sub-Dist. 9.	
1.									16.
Small-pox ... ..	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...
Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	...	...	...	...	...	...	...	...	...
Diphtheria (including membranous group) ... ..	1	...	1	...	...	...	...	...	...
Group { Typhus ... ..	...	...	...	...	...	...	...	...	...
Fever { Enteric ... ..	...	...	...	...	...	...	...	...	...
Other continued ... ..	...	...	...	...	...	...	...	...	...
Epidemic influenza ... ..	...	...	...	...	...	...	...	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...
Plague ... ..	...	...	...	...	...	...	...	...	...
Diarrhoea (See notes) ... ..	2	...	2	...	...	...	...	2	...
Enteritis (See notes) ... ..	5	1	1	1	...	1	...	3	2



TABLE V.

## INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under one Year of Age.

CAUSE OF DEATH.		Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 1 month.	1-2 months.	2-3 months.	3-4 months.	4-5 months.	5-6 months.	6-7 months.	7-8 months.	8-9 months.	9-10 months.	10-11 months.	11-12 months.	Total deaths under one year.
All Causes.	{ Certified	4	1	...	2	7	5	2	1	...	...	1	...	1	1	3	1	22
	{ Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
ii. Diarrhoeal Diseases.—Gastritis, Gastro-intestinal Catarrh		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
iii. Wasting Diseases.	{ Premature Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	{ Congenital Defects (See notes)	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
	{ Want of Breast-milk, Starvation	3	...	...	1	4	...	...	...	...	...	...	...	...	...	...	...	4
	{ Atrophy, Debility, Marasmus	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
v. Other Causes	{ Convulsions	...	1	...	...	1	...	1	...	...	...	...	...	...	...	1	...	2
	{ Pneumonia	...	...	...	...	...	3	1	...	...	...	1	...	1	1	2	...	4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9
		4	1	...	2	7	5	2	1	...	...	1	...	1	1	3	1	22

Rural District of Langport.	Population estimated to middle
Births in the { legitimate } 290	of 1908, 13,085.
year. { illegitimate }	Deaths of inf'ts { legitimate, 20.
Deaths from all causes at all ages, 153.	in the year { illegitimate, 2.

### NOTES TO TABLES IV. AND V.

- (a) In Table IV., all deaths of "Residents" occurring in public institutions, whether within or without the district, are to be *included* with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be *included* among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner to be *excluded* from columns 2-8 and 9-15 of Table IV.
- (b) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" in Table IV. should be the same as those in Tables II. and III.
- (c) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents," are, in addition to being dealt with as in note (a), to be entered in the last column of Table IV. The total number in this column should equal the figures for the year in column 9, Table I.
- (d) The total deaths in the several "Localities" in columns 9-15 of Table IV. should equal those for the year in the same localities in Table II., sub-columns c. The total deaths at all ages in column 2 of Table IV. should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.
- (e) Under the heading of "Diarrhœa" are to be included deaths registered as due to Epidemic diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Dysentery and Dysenteric diarrhœa, Choleraic diarrhœa, Cholera and Cholera Nostras.

Deaths from diarrhœa secondary to some other well defined disease should be included under the latter.

Deaths from Enteritis, Muco-Enteritis, Gastro-Enteritis, and Gastritis (see under the heading Diarrhœal Diseases in Table V.) in Tables IV. and V. should be placed immediately below, but separately from, those enumerated under the heading Diarrhœa as defined by enumeration above. This is particularly important for deaths under one year of age, as many of the deaths in infancy returned as due to Enteritis are really caused by Epidemic Diarrhœa. In the course of years, by the adoption of this recommendation, it will be practicable to ascertain the probable amount of transfer between these different headings.

- (f) Under the headings of "Cancer" and "Puerperal fever" should be included all registered deaths from causes comprised within these general terms. Thus: Under "Cancer" should be included deaths from Cancer, Carcinoma, Malignant disease, Scirrhous, Epithelioma, Sarcoma, Villous tumour, and Papilloma of Bladder, Rodent ulcer. Under "Puerperal Fever" are to be included deaths from Pyæmia, Septicæmia, Sapræmia, Pelvic Peritonitis. Peri- and Endo-Metritis occurring in the Puerperium.
- (g) Under "Congenital Defects" in Table V. are to be included deaths from Atelectasis, Icterus neonatorum, Navel hæmorrhage, Malformations, and Congenital hydrocephalus.
- (h) Under "Tuberculous Meningitis" are to be included deaths from Acute hydrocephalus.
- (i) Under "Other Tuberculous Diseases" are to be included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Scrofula.
- (j) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."
- 

In recording the facts under the various headings of Tables I., II., III., IV. and V., attention has been given to the notes on the Tables.

